United Nations E/ICEF/1998/P/L.10/Add.1

Economic and Social Council

Distr.: Limited
12 June 1998

Original: English

United Nations Children's Fund
Executive Board
Second regular session 1998
8-11 September 1998
Item 7 of the provisional agenda*

For action

Country programme recommendation**

Kenya

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1998 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Kenya for the period 1999 to 2003 in the amount of $16,785,000 from general resources, subject to the availability of funds, and $15,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1998/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

Contents

		Page
The situation of children and women		3
Programme cooperation, 1994-1998		8
Recommended programme cooperation, 1999-2003		5

List of tables

1.	Basic statistics on children and women	9
2.	Expenditure under previous cooperation period, 1994-1998	11
3.	Planned yearly expenditures	12
4.	Linkage of programme budget and staffing/staff costs	13

The situation of children and women

1. Pervasive poverty and spiralling unemployment continue to pose major economic challenges to Kenya. It is currently estimated that absolute poverty affects some 46 per cent of the rural and 29 per cent of the urban population. Moreover, the geographic concentration of Kenya's population has exacerbated the pressure on arable land, contributing to the growth of urban settlements. In 1996/97, almost 17 per cent of the national budget and 20 per cent of external assistance were allocated to basic services. However, potential benefits were offset by recurrent droughts, the HIV/AIDS pandemic and weak economic growth.

2. Most social indicators reflect wide regional, income and gender disparities. In addition, there is evidence of reversals in the previously declining infant and child mortality rates, currently estimated at 61 and 92 per 1,000 live births, respectively. The country has managed to sustain a high expanded programme on immunization (EPI) coverage of 80 per cent, which has contained mortality and morbidity from vaccine-preventable diseases, but malaria, diarrhoea, respiratory infections and HIV account for the high incidence of young child deaths and illness. Malaria and acute respiratory infections together account for 50 per cent of the disease burden in public health facilities. Malnutrition is widespread, with considerable regional disparities. About 34 per cent of Kenyan children are stunted and 25 per cent are under weight. The eastern, western and coastal regions, which include the more arid lands, have the highest rates of malnutrition. The maternal mortality rate (MMR) is estimated at about 650 per 100,000 live births. The principal causes of maternal mortality are post-partum haemorrhage, hypertensive disorders and maternal infections.

3. Current estimates indicate that about 1.3 million Kenyans are infected with HIV, and this number is expected to increase to 1.7 million in the next two years. During the period 1995-2000, it is projected that the number of deaths due to AIDS among the 15- to 39-year-old age group may be three times the number of deaths due to all other diseases combined. An estimated 300,000 children have already lost one or both parents due to AIDS. This is projected to increase to 600,000 by the year 2000 and 1 million by the year 2005.

4. There has been a serious decline in primary school gross enrolment, from 95 per cent in 1989 to 78 per cent in 1996. While 35 per cent of children participate in early childhood education (ECE), only 44 per cent complete primary school. In 1995, only 26 per cent of those completing primary school moved on to secondary school, down from 31 per cent in 1989. Special education programmes serve only 6 per cent of disabled children. Problems of access, retention and gender parity remain significant at all levels of the system.

5. Access to safe water has declined from an estimated 48 per cent in 1990 to 45 per cent in 1996. In 1996, coverage for rural, planned urban and urban slum areas were estimated to be 33, 93 and 54 per cent, respectively. There has been no significant change in access to adequate sanitation, with 40 per cent of rural populations, 44 per cent of the slum population and 94 per cent of the planned urban areas having access to adequate sanitation. Again, there are considerable regional variations.

6. A 1997 survey of 13 districts identified over 109,000 children in need of special protection, including those entrapped in child labour and prostitution, school drop-outs, street children and neglected children. Based on this, national projections suggest that 500,000 children are in need of special protection, including an estimated 300,000 street children.

7. Kenya has ratified both the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. Nevertheless, gender and other disparities persist in all spheres of life. This is reflected in high levels of poverty among female-headed households, low education participation among girls in arid and slum areas, and inadequate legal provisions for girls and women.

Programme cooperation, 1994-1998

8. The 1994-1998 Kenya country programme was not fully implemented due to an extensive audit which took place in 1995, leading to the suspension of many programme activities. A mid-term review in 1996 restructured and rationalized the programme, moving towards less vertical implementation and improved management systems, thus allowing for its gradual recovery. A more selective approach was established that has enhanced collaboration with non-governmental organizations (NGOs) and donors.

9. During the period 1994-1998, the Government of Kenya liberalized its economy under a structural adjustment programme; embarked on a national industrialization drive in its 1997-2001 National Development Plan; developed plans for tackling poverty through a Social Dimensions for Development programme; and prepared a Children's Bill based on the Convention on the Rights of the Child. Notwithstanding these developments, Kenya has witnessed an increase in poverty and internal insecurity levels as well as deterioration of its basic infrastructure. Major steps towards collaborative programming among United Nations agencies were taken through the process of the Common Country Assessment and the drafting of a United Nations Development Assistance Framework (UNDAF). Poverty alleviation and declining

access to quality basic social services were identified as major concerns.

10. The National Health Reform adopted by the Government aims to promote the process of decentralizing the health system. The focus is on delivery of an essential and affordable package of health services to the rapidly growing population in need, including the Integrated Management of Childhood Illnesses (IMCI). Major donors in health, including UNICEF, have established an increased level of collaboration in planning and implementation in preparation for a sector-wide approach to health revitalization. Immunization rates have been sustained through support for both ongoing routine vaccination and for National Immunization Days in respect of poliomyelitis eradication. It is estimated that about 80 per cent of all children under five years old have been reached. However, drought and flood emergencies continue to erode these gains by increasing the incidence of communicable diseases and malnutrition. The Bamako Initiative has become the main community health strategy within national health reform. Identifying vitamin A deficiency as a major public health concern, with about 40 per cent of Kenyan children affected, UNICEF advocated for its inclusion in EPI. Kenya has achieved universal salt iodization. Improvement in breastfeeding rates are under serious threat due to the transmission of HIV.

11. The Joint and Co-sponsored United Nations Programme on HIV/AIDS (UNAIDS) was established as the mechanism for United Nations collaborative assistance to the Government in this area. Support from UNICEF enabled a number of NGOs to provide counselling services, youth peer education and interventions for AIDS orphans; to distribute HIV/AIDS awareness material; and to pilot the introduction of "Sara" Communication Initiative materials. AIDS education in schools was supported through the Kenya Institute of Education.

12. Support to basic education was strengthened by the Government's focus on raising expenditure on primary education to 67 per cent of total education expenditure by the year 2001 and by its ECE programme, which has received assistance from the World Bank. Recognition of the part played by education in reducing the susceptibility of children to child labour was given through UNICEF support to non-formal education, especially in the slum areas of Nairobi. Through collaboration with the United Nations Drug Control Programme, a drug control curriculum was developed. Responding to the needs of the growing number of children in need of special protection, UNICEF supported research covering various categories of vulnerable children, which resulted in a private sector fund-raising initiative.

13. Increased access to water, especially in arid areas, was achieved through support to the rehabilitation and construction of water pans, wells and boreholes, as well as community training in the operation and maintenance of water facilities, benefiting 100,000 people. Wells, hand-pumps and school latrines were provided in disadvantaged areas, while the local production of standardized hand-pumps was supported. A community-based sanitation project was implemented in the urban slums of Nairobi. Participatory hygiene education methodologies were developed, and communities in selected districts received training to improve personal hygiene and sanitation practices. In collaboration with the Office of the United Nations High Commissioner for Refugees (UNHCR), water was provided by UNICEF to more than 150,000 refugees in Kenyan camps.

14. Awareness creation to reduce female genital mutilation (FGM) was pursued through the creation of an inter-agency FGM Working Group, support to research, and the holding of a national symposium which led to policy formulation.

15. UNICEF was able to improve the national database on children through support to the welfare monitoring survey, the multiple indicator cluster survey, a new situation analysis of children and women, a participatory poverty assessment study and the 20/20 Initiative. Support also was provided to the Central Bureau of Statistics to help build its capacity to conduct research and surveys, specifically through training in data management.

16. Assistance during the drought and flood emergency included the provision of essential drugs, supplementary feeding, resettlement kits and water purification chemicals. Comprehensive needs assessments were conducted, and NGOs implementing relief programmes received assistance. Support also was provided to the early warning system.

Lessons learned

17. As outlined earlier in the Kenya country note (E/ICEF/1998/P/L.10), lessons learned include the strengths of child-focused advocacy and community-level social mobilization as demonstrated by the programme of cooperation. The experience gained indicates that a broad-based strategy, incorporating advocacy and support to capacity-building and policy development, is likely to be more feasible and to have a more lasting impact than one emphasizing service delivery alone. Other lessons learned are that greater attention should be paid to ensuring sustainability, as well as to monitoring and evaluation of programme impact. Emergency interventions should be implemented in close coordination with regular programmes and not through separate structures. In addition, the strengthening of internal financial procedures and management skills contributes to more efficient programme implementation.

Recommended programme cooperation, 1999-2003

General resources: $16,785,000
Supplementary funding: $15,000,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Social development, planning, monitoring and evaluation	3 012	1 400	4 412
Programme communication and participation	2 910	1 400	4 310
Basic education, child protection and development	3 130	3 500	6 630
Health and nutrition	3 130	4 900	8 030
Water and environmental sanitation	2 434	2 700	5 134
Cross-sectoral costs	2 169	1 100	3 269
Total	**16 785**	**15 000**	**31 785**

a/ The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

18. The programme was developed through an intensive consultative process under the leadership of the Ministry of Planning and National Development (MPND). The process began in 1997 with the preparation of the situation analysis. A strategy paper was presented at a meeting held in September 1998 with the participation of the Government, United Nations agencies, NGOs and donors. On this basis, the country note was submitted to the Executive Board in January 1998. Taking into account comments made at the Board session, the master plan of operations was developed by working groups composed of UNICEF and government staff and was approved at a preview meeting held in March 1998.

Programme objectives and strategies

19. Within a framework calling for the promotion of the universality, indivisibility and interdependence of children's rights, the objectives of the programme are to: (a) improve access to basic services in urban slums and informal settlements; (b) reduce major disparities between the genders and in service access between nomadic and non-nomadic areas; (c) support the Government in establishing and implementing effective policies in key areas of social development to improve access and equity; (d) achieve greater sustainability in programme processes by strengthening community capacity and participation; (e) increase awareness of the rights of children and women; and (f) support research on cultural practices that affect the fulfilment of rights. While preliminary indicators have been developed, detailed quantification of objectives will be achieved through baseline studies in the first year of the programme.

20. Priority cross-cutting and mutually reinforcing strategies identified for the programme will emphasize reducing disparities in access to basic services, including protection; and ensuring a favourable policy environment for children and women. They will focus on capacity-building and empowerment through promoting the effective participation of beneficiaries in service provision and decision-making; advocacy to promote action on key policy issues, bring about behaviour change through programme communication, and broaden alliances and responsibilities for the achievement of rights; and service delivery, adopting a more integrated, child-focused approach.

21. The programme objectives and strategies stress the reduction of disparities in access to basic services, as well as working directly with communities. Therefore, a geographic focus, emphasizing access to basic services in disadvantaged communities, will be adopted in support of the national focus stressing a favourable policy environment. The geographic focus takes into account disparities indicated in the situation analysis and the principles of universality and non-discrimination as embodied in the two Conventions. Assistance will be directed to both nationwide interventions and disadvantaged communities within 19 selected districts identified on the basis of infant, child and maternal mortality rates.

Social development, planning, monitoring and evaluation

22. This programme component will aim to promote child- and gender-focused policies, laws and practices which contribute to the fulfilment of rights. The child-focused research and evaluation project will oversee the overall monitoring and evaluation of the country programme, in collaboration with the MPND. It will assist the Government in developing comprehensive indicators in order to generate disaggregated data, formulate policies and accelerate domestication of the two Conventions.

23. The child-focused policy development and monitoring project will address aspects of national policy related to issues of disparities and environmental protection in urban slums and arid areas. On a pilot basis, the project will assist in the establishment of authoritative vital registration records in five of the districts with the lowest civil registration coverage, and in their timely processing, analysis and dissemination. The gender policy, development and monitoring project will support a task force on laws relating to women and the development of policy and legislation on harmful practices. It also will assist in the collection and analysis of data on the status of implementation of the Convention on the Elimination of all Forms of Discrimination against Women. Meanwhile, the emergency preparedness planning project will provide training to enhance the capacity of communities, NGOs and the Government to monitor early warning indicators and manage disasters, thereby strengthening existing early warning systems. It will create linkages to emergency response to be implemented as the need arises.

Programme communication and participation

24. This programme will promote behaviour change and participation as a right, using advocacy and social mobilization. It will strengthen the capacity of NGOs and other partners to implement participatory child-focused programmes through networking, knowledge dissemination and training.

25. The communication for HIV/AIDS prevention and control project will contribute to the reduction of HIV transmission by increasing access to education, information and skills, as well as by increasing awareness on the right to information and access to reproductive health services. It will assist in building the capacity of community resource persons to provide counselling services that address the reproductive health needs of adolescents and youth. It also will ensure the integration of HIV/AIDS in formal and non-formal education curriculum, including "Sara" Communication Initiative materials. The information, education and communication (IEC) material development project will assist in the design, production and dissemination of IEC materials in support of all programme components. The knowledge networking for participation project will support networking activities among NGOs; make available resource materials with a special emphasis on participation rights; and facilitate, through training and experience exchange, the recognition of participation as a right.

Basic education, child protection and development

26. This programme will reduce disparities through social mobilization, improved service delivery and capacity-building. It will focus at the national level on policy development; dissemination and research, stressing gender; training for microplanning; protective legislation for children; the development of IEC materials; and sensitization of employers and labour unions on child labour issues. The programme will strengthen capacity in gender awareness and analysis, microplanning, monitoring and evaluation in selected districts.

27. In conjunction with other international partners, the basic education project will support Government efforts to reach 95 per cent enrolment by the year 2003 and to increase girls' enrolment, participation and completion rates in primary and secondary schools by at least 30 per cent. This will be achieved through support to sensitization and training addressing practices which inhibit girls education and through support to the development of gender responsive curricula and teacher training. In selected districts, the project will assist in providing 10,000 out-of-school children and 2,000 illiterate adults with alternative learning opportunities through material and training support to existing non-formal education centres and literacy programmes. The project will promote basic education utilizing radio, television and the print media.

28. In coordination with the World Bank, the early childhood care for development project will support

policy development in this area and enrich it with "Facts for Life". It will provide educational materials to 200 centres in selected districts to promote the participation of children under six years old and support the development of complementary parental education for caregivers.

29. The children in need of special protection project will support prevention measures in selected communities for families most at risk, and will assist the Government and NGOs to extend a second chance for education and other special protection provisions to 5,000 street children, 3,000 working children and other children in need of special protection. Government capacity to prevent child labour will be strengthened, in collaboration with the International Labour Organization (ILO), through training and assistance to database development. Affordable opportunities, such as basic education and skills training, will be encouraged in tackling child labour. A national task force to review the 63 existing statutes related to children, as well as paralegal training, will be supported.

Health and nutrition

30. This programme will contribute to the survival rights of children and women by reducing infant, child and maternal mortality rates. Strategies will focus on service delivery and building the capacity of the public health system through assistance to the health reform process. This will be undertaken in collaboration with a number of donors in preparation for a sector-wide approach to improving health services. Decentralization, quality of care, empowerment of district health systems and communities, and integration of management of childhood illnesses are central to the programme. Improving nutrition and care through participatory methods will be emphasized under the Bamako Initiative.

31. The district health system project will assist capacity-building at the district level for planning and implementation, increasing access to quality health services from 40 to 80 per cent. It will focus on developing skills in the generation, analysis and utilization of health information and data. It will provide opportunities for updating national policies on child health, promoting IMCI, assisting in strengthening EPI in low coverage areas, and strengthening community-based disease surveillance in 10 selected district.

32. The community care and nutrition project will build on the already established Bamako Initiative by focusing, through sensitization and training, on community-based nutrition monitoring in 500 communities in selected geographic areas. It will assist the establishment of guidelines for sustainable drug supply. The micronutrient deficiency control project will promote awareness regarding vitamin A and iron supplementation and encourage the fortification of foods, improved weaning practices and diversification of diets.

33. The safe motherhood and reproductive health project will help to strengthen the provision of emergency obstetric care and neonatal care in communities and primary health care facilities in two of the provinces with the highest MMRs. It will promote exclusive breastfeeding, while encouraging alternatives for HIV-positive mothers. It also will increase the coverage of pregnant women receiving malaria presumptive treatment to 25 per cent.

Water and environmental sanitation

34. This programme will focus on the utilization and sustainability of services in underserved areas. Its strategies will be policy formulation, in collaboration with donors such as the World Bank; advocacy for sustainable cost- sharing; capacity-building for Government and local communities; and service delivery for disparity reduction, in collaboration with donors including the Government of the United Kingdom. Service delivery in selected districts will cover hygiene education, health, nutrition and gender-balanced community participation. The programme also will support the provision of water for refugees and their neighbouring communities, in collaboration with UNHCR.

35. The access to water and environmental sanitation project will help to improve access to safe water for 100,000 people in deprived areas and for 130,000 in refugee camps, as well as assist the provision of adequate environmental sanitation services to 300,000 people. While UNICEF will provide materials and technical assistance, the Government and communities will cover construction costs. Development or rehabilitation of water sources will be assisted, while water quality monitoring and surveillance will be strengthened in the selected districts. Communities will be trained in managing and sustaining services. Community management of wastes and micro-enterprises in waste collection in slum areas will be promoted. The hygiene and environmental care project will support school health behaviour change efforts in 100 schools, provide assistance for latrine construction, and assist curriculum development in sanitation and hygiene. The training of trainers in the promotion of sanitation and hygiene will be supported in four districts, and messages for promotional campaigns will be developed. The policy development and monitoring project will advocate for the development and implementation of a sanitation policy, and the implementation of the water policy. It will develop a strategy for improving services in informal settlements and assist in establishing a sector information and resource centre, disseminating best practices.

Cross-sectoral costs

36. The aim of this component is to ensure that UNICEF and collaborating partners have the capacity to plan, coordinate, monitor and evaluate the programme through the efficient and timely provision of supplies, logistics, finance, personnel and other operational support. Through the external relations and resource mobilization project, it will ensure support for UNICEF advocacy and programmes, including support to the Private Sector Fund-raising Initiative.

Collaboration with other agencies

37. To ensure maximum benefits to Kenyan children and women, UNICEF will collaborate with the Government, other United Nations agencies (especially the United Nations Development Programme (UNDP), the World Food Programme (WFP), UNHCR and the World Health Organization (WHO)), established donors, new private sector donors, the World Bank, bilateral and multilateral development cooperation agencies and NGOs. The sharing of experience with partners already involved in sector investment programmes in other countries will be pursued. Kenya has a wide range of foreign and local NGOs such as the African Medical Research Foundation (AMREF) and the Kenya Alliance for Advancement of Children with whom collaboration will be sought. The rights-based approach to programming will require greater involvement of civil society in implementation, monitoring and evaluation, and the private sector will play an increasingly important role.

38. The programme will be implemented within the framework of UNDAF, in close cooperation with a range of United Nations sister agencies in Kenya. Through UNAIDS, UNICEF will collaborate with other United Nations agencies in supporting HIV/AIDS interventions. Collaboration with UNDP and WFP in assisting in emergencies also will continue. Collaboration with ILO in the campaign against child labour, through the ILO-International Programme on the Elimination of Child Labour project, and with UNDP in gender and anti-FGM activities, is anticipated.

Monitoring and evaluation

39. The integrated monitoring and evaluation plan, which focuses on measuring progress towards programme objectives and assessing impact, will provide a basis for the annual and the mid-term reviews, as well as for the design of the next country programme. It will centre on ongoing monitoring of the situation of children and women with respect to their rights; monitoring of Government and UNICEF inputs to ensure accountability and cost-effectiveness in programme implementation; child-focused applied research for knowledge generation; and periodic and final evaluations of programme interventions. In the process, the capacity will be strengthened of the Government, especially the Central Bureau of Statistics, and other partners, such as AMREF and the University of Nairobi, to conduct research and to monitor and evaluate programmes. The Bamako Initiative's "chalk and board" monitoring system will be encouraged at the local level.

Programme management

40. The coordinating ministry for the programme of cooperation will be the MPND, which will oversee, through an Inter-Ministerial Steering Committee, overall implementation and collaboration with line ministries. It will coordinate the annual and mid-term reviews, the final programme evaluation and approval of yearly project plans of action. In selected districts, the programme will be implemented with communities through intersectoral district subcommittees and coordinated through the District Executive Committee. Quarterly programme team meetings will be held for each component programme, with the participation of the MPND, relevant NGOs and representatives of the selected districts. Collaboration with NGOs will be managed through tripartite agreements signed by UNICEF, the Government and the NGO.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Kenya	(1996 and earlier years)		UNICEF country classification
Under-five mortality rate	90	(1996)	High U5MR
Infant mortality rate	61	(1996)	High IMR
GNP per capita	$ 320	(1996)	Low GNP
Total population	27.8 million	(1996)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1996
Births	(thousands)	604	855	970	1027
Infant deaths (under 1)	(thousands)	59	62	60	63
Under-five deaths	(thousands)	95	96	87	92
Under-five mortality rate (per 1,000 live births)		157	112	90	90
Infant mortality rate (under 1) (per 1,000 live births)		97	72	62	61

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1987/1995)	Moderate & severe	14*	23**
	Severe	3*	6**
Babies with low birth weight (%, 1982/1990)		18	16
Primary school children reaching grade 5 (%, 1980/1995)		61	68

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1989/1993)	24	17
Timely complementary feeding rate (6-9 mos.)(%, 1989/1993)	87	90
Continued breast-feeding rate (20-23 mos.) (%, 1989/1993)	46	54
Prevalence of wasting (0-59 mos.) (%, 1987/1995)	5*	8**
Prevalence of stunting (0-59 mos.) (%, 1987/1995)	32*	34**
Total goitre rate	..	7
Household consuming iodized salt (%, 1995)	..	100

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1994)		..	76
Routine EPI vaccines financed by government (%, 1996)		..	0
Access to safe water	Total	26	53
(% of population, 1980/1993)	Urban/rural	85 / 15	67 / 49
Access to adequate sanitation	Total	34	77
(% of population, 1980/1993)	Urban/rural	89 / 19	69 / 81
Births attended by trained personnel (%, 1993)		..	45
Maternal mortality rate (per 100,000 live births, 1990)		..	650

Immunization		1981	1985	1990	1996
One-year-olds (%) immunized against:	Tuberculosis	..	82	80	56
	DPT	..	70	74	46
	Polio	..	70	71	43
	Measles	..	63	59	38
Pregnant women (%) immunized against:	Tetanus	..	40	37	21

* national rural.

**(6-60)mos.

TABLE 1 (continued)

Kenya

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1995)	Total	115 / 91	85 / 84*
	Male	120 / 92	85 / 85*
	Female	110 / 89	85 / 83*
Secondary enrolment ratio (gross/net) (%, 1980/1995)	Total	20 / ..	24 / ..
	Male	23 / ..	26 / ..
	Female	16 / ..	22 / ..
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	58	78
	Male/female	72 / 44	86 / 70
Radio/television sets (per 1,000 population, 1980/1995)		39 / 4	96 / 18

DEMOGRAPHIC INDICATORS		1970	1980	1990	1996	2000
Total population	(thousands)	11498	16632	23475	27799	30340
Population aged 0-17 years	(thousands)	6282	9403	13141	14739	15433
Population aged 0-4 years	(thousands)	2314	3542	4458	4419	4825
Urban population (% of total)		10.3	16.1	24.1	29.6	33.1
Life expectancy at birth (years)	Total	50	55	55	54	56
	Male	48	53	53	52	54
	Female	52	57	56	56	57
Total fertility rate		8.1	7.8	6.1	5.0	4.6
Crude birth rate (per 1,000 population)		53	51	42	37	36
Crude death rate (per 1,000 population)		18	14	12	11	11

		About 1980	Most recent
Contraceptive prevalence rate (%, 1984/1993)		17	33
Population annual growth rate (%, 1965-1980/1980-1996)	Total	3.6	3.2
	Urban	7.7	7.0

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1985-1995)		3.1	0.1
Inflation rate (%, 1965-80/1985-95)		7	13
Population below $1 a day (%, 1992)		..	50
Household income share (%, 1976/1992)	Top 20%/bottom 40%	60 / 9	62 / 10
Government expenditure (% of total expenditure, 1987/1993)	Health/education	7 / 23	5 / 19
	Defence	9	6
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / 2	.. / ..
Official development assistance: (1980/1996)	$US millions	396	606
	As % of GNP	6	8
Debt service (% of goods and services exports(1980/1995)		20	23

* DHS 1993.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1994-1998 a/

COUNTRY: KENYA
LATEST BOARD APPROVAL: 1994
GENERAL RESOURCES: $22,000,000.00

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources b/		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	1,210	2,314	331	274	1,509	13	1,851	376	4,901	5,000	2,977	10,330	7,878	15,330
Nutrition	197		73		156		125		551	1,000		2,600	551	3,600
Water supply and sanitation	732	199	4	20	905	48	888	153	2,529	3,500	420	2,500	2,949	6,000
Education	299	80	370	5	324		538	16	1,531	2,200	101	2,600	1,632	4,800
Community organization and development	78		10		55		43		186	900		900	186	1,800
Women-centred programme	31	1	22		87		81	7	221	900	8	900	229	1,800
Children in especially difficult circumstances	111	27	21		411		185	11	728	1,000	38	4,500	766	5,500
Social mobilization and advocacy	157		52		414		553		1,176	1,000			1,176	1,000
Planning and social statistics .	334		415		452		333		1,534	2,500			1,534	2,500
Programme support	236	3	4		764	1	2,107	4	3,111		8		3,119	
Integrated area-based programme c/										4,000		7,080		11,080
Emergency	133	4,025		153		260		10,148	133		14,586		14,719	
GRAND TOTAL	3,518	6,649	1,302	452	5,077	322	6,704	10,715	16,601	22,000	18,138	31,410	34,739	53,410

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.
a/ Actual expenditure includes expenditure recorded as at closure 01, 30 April 1998.
b/ Actual GR expenditure includes allocations from global funds.

TABLE 3

COUNTRY: KENYA
PROGRAMME CYCLE : 1999-2003

PLANNED YEARLY EXPENDITURES

		1999	2000	2001	2002	2003	TOTAL
BASIC EDUCATION & CHILD PROTECTION	GR	782,500	692,400	667,800	675,300	312,000	3,130,000
	FSF						
	NSF	875,000	787,500	752,500	735,000	350,000	3,500,000
	TOTAL	1,657,500	1,479,900	1,420,300	1,410,300	662,000	6,630,000
HEALTH AND NUTRITION	GR	640,700	601,400	622,200	620,100	645,600	3,130,000
	FSF						
	NSF	975,000	975,000	985,000	985,000	980,000	4,900,000
	TOTAL	1,615,700	1,576,400	1,607,200	1,605,100	1,625,600	8,030,000
WATER AND ENVIRONMENTAL SANITATION	GR	487,000	459,300	479,200	494,800	513,700	2,434,000
	FSF						
	NSF	540,000	540,000	540,000	540,000	540,000	2,700,000
	TOTAL	1,027,000	999,300	1,019,200	1,034,800	1,053,700	5,134,000
SOCIAL PLANNING, MONITORING AND EVA	GR	565,000	656,800	551,300	484,700	754,200	3,012,000
	FSF						
	NSF	280,000	280,000	280,000	280,000	280,000	1,400,000
	TOTAL	845,000	936,800	831,300	764,700	1,034,200	4,412,000
PROGRAMME COMMUNICATION & PARTICIPA	GR	564,000	531,900	565,600	608,400	640,100	2,910,000
	FSF						
	NSF	280,000	280,000	280,000	280,000	280,000	1,400,000
	TOTAL	844,000	811,900	845,600	888,400	920,100	4,310,000
CROSS-SECTORAL COSTS	GR	433,800	409,200	426,900	440,700	458,400	2,169,000
	FSF						
	NSF	220,000	220,000	220,000	220,000	220,000	1,100,000
	TOTAL	653,800	629,200	646,900	660,700	678,400	3,269,000
TOTAL, PROGRAMME BUDGET	GR	3,473,000	3,351,000	3,313,000	3,324,000	3,324,000	16,785,000
	FSF						
	NSF	3,170,000	3,082,500	3,057,500	3,040,000	2,650,000	15,000,000
	TOTAL	6,643,000	6,433,500	6,370,500	6,364,000	5,974,000	31,785,000
STAFF COSTS a/		1,137,909	1,190,206	1,280,140	1,381,692	1,466,333	6,456,080
GENERAL OPERATING COSTS		458,350	425,000	456,750	461,300	445,400	2,246,800
TOTAL, ESTIMATE SUPPORT BUDGET		1,596,259	1,615,206	1,736,890	1,842,792	1,911,733	8,702,880
GRAND TOTAL		8,239,259	8,048,706	8,107,390	8,206,792	7,885,733	40,487,880

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

a/ Including consultants and temporary assistance.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : KENYA
PROGRAMME : 1999-2003

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGR/ME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
BASIC EDUCATION & CHILD PROTECTION	3,130,000			3,130,000	0	0	0	1	0	0	1	2	2	5	887,420	626,419	1,513,839
HEALTH AND NUTRITION	3,130,000			3,130,000	0	0	0	1	0	0	1	3	2	6	887,420	903,402	1,790,822
WATER AND ENVIRONMENTAL SANITATION	2,434,000			2,434,000	0	0	0	0	0	0	0	2	1	3	0	646,433	646,433
SOCIAL PLANNING, MONITORING AND EV	3,012,000			3,012,000	0	0	0	0	0	0	0	2	3	5	0	898,544	898,544
PROGRAMME COMMUNICATION & PARTICIP	2,910,000			2,910,000	0	0	0	1	0	0	1	1	2	4	887,420	483,099	1,370,519
CROSS-SECTORAL COSTS	2,169,000			2,169,000	0	0	0	0	0	0	0	1	9	10	243,941	959,696	1,203,437
TOTAL GR	16,785,000			16,785,000	0	0	0	3	0	0	3	11	19	33	2,906,201	4,517,393	7,423,594
SUPPLEMENTARY FUNDING :																	
BASIC EDUCATION & CHILD PROTECTION		0	3,500,000	3,500,000	0	0	0	0	0	0	0	1	0	1	0	195,031	195,031
HEALTH AND NUTRITION		0	4,900,000	4,900,000	0	0	0	0	0	0	0	1	0	1	0	250,525	250,525
WATER AND ENVIRONMENTAL SANITATION		0	2,700,000	2,700,000	0	0	0	0	0	0	0	1	5	6	0	597,239	597,239
SOCIAL PLANNING, MONITORING AND EV		0	1,400,000	1,400,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PROGRAMME COMMUNICATION & PARTICIP		0	1,400,000	1,400,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	1,100,000	1,100,000	0	0	0	0	0	0	0	1	4	5	0	445,576	445,576
TOTAL SF		0	15,000,000	15,000,000	0	0	0	0	0	0	0	4	9	13	0	1,488,371	1,488,371
TOTAL GR & SF	16,785,000	0	15,000,000	31,785,000	0	0	0	3	0	0	3	15	28	46	2,906,201	6,005,764	8,911,965
SUPPORT BUDGET			Operating costs	2,246,800													
			Staffing		0	0	1	2	0	0	3	4	26	33	2,985,962	3,470,118	6,456,080
GRAND TOTAL (GR + SF + SB)					0	0	1	5	0	0	6	19	54	79	5,892,163	9,475,882	15,368,045
Number of posts and staff costs:																	
Current programme cycle											8	15	52	75			
At the end of proposed programme cycle (indicative only)											6	19	54	79	5,892,163	9,475,882	15,368,045

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.